**APAA CONFERENCE BOOKING FORM**

**10th Annual Conference**

**Physicians Assistant - Anaesthesia  
*4th May 2018  
IET Teacher Building, ST Enoch Square, Glasgow G1 4DB***

***APPA Members - PA/A £75***

*** Trainee £50***

***Non-Members £90***

|  |  |
| --- | --- |
| ***Name of Delegate*** |  |
| ***APAA Member*** | ☐ yes  ☐ no |
| ***Grade/Title*** | ☐Trainee PA(A)  ☐Qualified PA(A)  ☐Other (e.g. consultant/speciality doctor) please state …………………………………. |
| ***Contact email*** |  |
| ***Contact phone number*** |  |
| ***Contact Address*** |  |
| ***Preferred payment method***  ***(please indicate one)*** | ☐ PayPal  ☐ BACS  ☐Invoice to employer – Please provide details.  ☐ cheque to APA(A) |

*Special Dietary Requirements: (please state) ……………………………………………………………….*

***Invoice details:*** *………………………………………….………………....................................................*

***………………………………………………………………………………………………………………………***

***Please return this form to: pa.a.conference10@gmail.com*** or return to

A O'Neill . Anaesthetic Department. Hairmyres Hospital. Eaglesham Road. East Kilbride G75 8RG

*Payment can be made via;   
PayPal at info@anaesthesiateam.com, BACS, invoice to your employer or by cheque to ‘APA(A)’.*